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April 8, 2020 P.M.

SOUTH	D STATES DISTRICT COURT HERN DISTRICT OF NEW YORK			
	D STATES OF AMERICA	X		
	, -V-	WAIVER OF RIGHT TO BE PRESENT AT CRIMINAL PROCEEDING		
MARTI	N HODGE	-cR- ^{CR 2} (9)()		
		nt. X		
Check	Proceeding that Applies			
	Entry of Plea of Guilty			
	I am aware that I have been charged with violations of federal law. I have consulted with my attorney about those charges. I have decided that I wish to enter a plea of guilty to certain charges. I understand I have a right to appear before a judge in a courtroom in the Southern District of New York to enter my plea of guilty and to have my attorney beside me as I do. I am also aware that the public health emergency created by the COVID-19 pandemic has interfered with travel and restricted access to the federal courthouse. I have discussed these issues with my attorney. By signing this document, I wish to advise the court that I willingly give up my right to appear in person before the judge to enter a plea of guilty. By signing this document, I also wish to advise the court that I willingly give up any right I might have to have my attorney next to me as I enter my plea so long as the following conditions are met. I want my attorney to be able to participate in the proceeding and to be able to speak on my behalf during the proceeding. I also want the ability to speak privately with my attorney at any time during the proceeding if I wish to do so.			
Date:	Print Name	Signature of Defendant		
X_	Sentence			

I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York at the time of my sentence and to speak directly in that courtroom to the judge who will sentence me. I am also aware that the public health emergency created by the COVID-19 pandemic has interfered with travel and restricted access to the federal courthouse. I do not wish to wait until the end of this emergency to be sentenced. I have discussed these issues with my attorney and willingly give up my right to be present, at the time my sentence is imposed, in the courtroom with my attorney and the judge who will impose that sentence. By signing this document, I wish to advise the court that I willingly give up my right to appear in a courtroom in

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the Southern District of New York for my sentencing proceeding as well as my right to have my attorney next to me at the time of sentencing on the following conditions. I want my attorney to be able to participate in the proceeding and to be able to speak on my behalf at the proceeding.

I also want the ability to speak privately with my attorney at any time during the proceeding if I wish to do so.

Date:	MARTIN HODGE Print Name	Martin Vodes Signature of Defendant	(ly VB)
my client's right this waiver ar	that I am aware of my obligation to don't to attend and participate in the crimed consent form. I affirm that my being held with my client and me both p	ninal proceedings encompass client knowingly and volun	sed by this waiver, and
Date:	Michael K. Burke Print Name	Signature of Defense Cour	<i>ML</i> nsel
I used the serv	ra defendant who requires services of sices of an interpreter to discuss these is document, in its entirety, to the defendame is: Signature of Defense Counsel	ssues with the defendant. Th	
	Vivia 1 Pm		

Accepted:

Signature of Judge
Date: 6/12/20